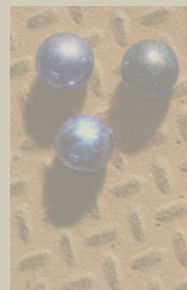
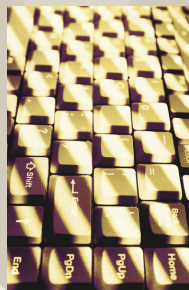


SPOTLIGHT ON PATH PRACTICES AND PROGRAMS

Program Focus:

Implementing Mobile Data Management Technology in Outreach



August 3, 2009



PATH

Projects for Assistance in
Transition from Homelessness

Acknowledgments

This PATH Spotlight is a technical assistance document of the Projects for Assistance in Transition from Homelessness (PATH) Technical Assistance Center. It was developed by Sarah Paige Fuller, MSW and Rachael Kenney, MA in cooperation with the State of Washington PATH Program and Northwest Research Associates. Jeffrey Olivet, MA, Gloria Dickerson, and Ellen Bassuk, MD provided review and guidance. Jonathan Metz provided the layout, design, and creative direction. Thanks also to the government project officers at the SAMHSA, CMHS, Homeless Programs Branch for direction and oversight.

Disclaimer

This document was developed by the Institute on Homelessness and Trauma, LLC under Contract No. HHSS280200600029C from the Homeless Programs Branch, Division of Services & Systems Improvement, Center For Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission. However, citation of the source is appreciated. No fee may be charged for the reproduction or distribution of this material.

Recommended Citation

Fuller, S.P., & Kenney, R.R. (2008). *Spotlight on PATH practices and programs: Implementing mobile data management technology in outreach*. Newton Centre, MA: PATH Technical Assistance Center.

Available: <http://pathprogram.samhsa.gov>

<http://homeless.samhsa.gov>

Contact: path@samhsa.hhs.gov

INTRODUCTION

Data collection and management in PATH programs are critical elements of program administration. Efficient and reliable record-keeping is necessary for effective program management and quality care. Documenting the information collected during outreach in individual records and data reporting systems is a challenge, and we continue to strive to develop tools for improvement in this area. We know that technology can assist us in our work.

The question that remains is how.

CHALLENGES IN DOCUMENTING OUTREACH SERVICES

Outreach services are generally not provided in the office where most information is stored. Outreach workers often depend on their memory or the limited information that they carry in notebooks. Short notes are usually taken during the face to face interaction with more in depth documentation re-created later.

Documentation is necessary for reporting requirements, and accurate record-keeping is essential for ensuring effective and organized service provision. However, taking time away

from services to create files, log information on outreach encounters, enter data elements in an electronic or paper file, or write case notes is often viewed as antithetical to the nature of an on-demand outreach service. Documentation often takes a back seat to service delivery as outreach workers are reluctant to prioritize paperwork over someone who is requesting assistance.

To demonstrate the challenges facing outreach workers, let us look at a day in the life of a PATH outreach worker.



A DAY IN THE LIFE

Lawrence is an outreach worker for a PATH program. His schedule for the day is outreach from 9am-3pm, then office time to catch up on documentation and begin work on the PATH report. At 9:05, Lawrence leaves the office with his outreach supplies and his notebook.

The day starts off well. He goes out to the encampment on the riverbank to deliver a new tarp to John G. for his tent. While there, Lawrence obtains some additional details related to John's psychiatric treatment history for a Social Security application. John describes to him a new camper, Janice T., who may need some help as she burned her arm a few days ago on a fire barrel. John reports that she usually leaves the campsite early, but if Lawrence can come in the morning he will try to get her to hang around for a while. Lawrence agrees to return in the morning and he hikes back out to the van. He opens his outreach notebook to write his notes from this contact. Just as he gets started, Lawrence sees someone who he suspects is Janice walking towards the footpath.

Lawrence gets out of the van, introduces himself, engages Janice in a conversation, and asks her how she is doing. She shows him her arm, which appears to be infected. Janice is hesitant but agrees to go to the clinic. Lawrence drives her and stays with her to ensure she is seen and to assist with the follow-up plan. While they are waiting, Janice states that she really doesn't want to face another winter outside. They discuss housing options. The doctor recommends that she stay in a shelter for one week so the home health nurse can monitor, clean, and redress the wound daily. Lawrence spends several hours finding a shelter that will allow home health nursing visits. He takes her to the shelter and agrees to come back tomorrow with some of her belongings from the camp and a housing application. By the time he leaves Janice at the shelter, it is already after 5 pm.

Lawrence gets back to the office, jots down a few notes on a piece of paper on his desk and heads home. He will spend the next morning at the encampment picking up some of Janice's belongings. In the afternoon, he will initiate Janice's housing application and finish John's Social Security application.

Lawrence assisted several clients today in accessing services and mainstream resources. Unfortunately, his actions were not well documented, and a significant amount of information may be lost. This story will sound familiar to anyone who has done outreach work.

So, how can workers balance serving persons effectively and recording information efficiently and accurately? This "Spotlight" issue describes how one state has implemented mobile data technology in PATH Outreach sites to address this dilemma.



STATE OF WASHINGTON PATH PROGRAM

The State of Washington PATH program utilizes handheld personal data assistants (PDAs) to assist in the information gathering and management process for PATH reporting requirements. In 2003, the State PATH Contact for Washington developed a partnership with Northwest Resource Associates (NWRA), a non-profit human service agency in Seattle, to implement a pilot project for mobile data collection in the PATH program. This pilot was determined to be successful as it:

- improved the accuracy and completeness of data collection;
- decreased staff time required to generate state and federal reports; and
- did not impose an additional administrative burden on PATH project sites.

Full implementation of all state PATH providers was achieved in 2004. NWRA continues to manage the system, providing software development and support, on-site installation of software, coordination of system hardware, training to providers, data management, and report development.

The Process

All 12 State of Washington PATH sites provide outreach services. Regardless of where the PATH encounter occurs, the worker can immediately enter data elements into a PDA. The worker has the ability to enter as much or as little information as he or she can at that time. Drop-down clickable screens prompt an answer for each data element required for every individual served and each contact that occurs. All data elements for local, state, and federal reporting are included. The worker can also use a notes screen to write additional information about the contact.



Back at the office, the data file is uploaded to the worker's desktop computer and can be edited and managed at that point by the worker or by a program management staff. The data file is sent electronically as an encrypted file to the data management contractor. Reports are generated on a monthly basis, and sites receive a brief quality check and feedback. Reports are compiled for quarterly submissions to the state and saved for later annual reporting on the PATH website.

At the end of the year, sites are provided with a data table for their annual reports. The data table is in the same format as the electronic data submission layout for annual reports. PATH sites are able to log on to the PATH Annual Report website and enter the data elements directly from their report.

Having the year-end report in the same format as the federally required format promotes faster data entry and lessens potential for errors. In 2006, reports were filed on a timely basis, correctly and consistently by all providers.

The table below describes the data management process.

Washington State PATH Data Entry & Management Process	
Step 1	Hardware, software, and training are delivered to the provider.
Step 2	Provider collects information during field contacts.
Step 3	Provider enters collected individual information on PDA using unique identifiers for security.
Step 4	Provider transfers data from PDA to personal computer.
Step 5	Provider reviews and edits data on personal computer.
Step 6	Provider exports data from collection software into spreadsheet.
Step 7	Spreadsheet files are encrypted.
Step 8	Provider emails secure files to central data repository.
Step 9	Data contractor decrypts files, merges unique individual reports with previously submitted data, and aggregates data to the person-level.
Step 10	Data contractor creates a simple monthly report and sends back to site for review to verify accuracy.
Step 11	Data contractor arrays data for quarterly and annual federal reports.
Step 12	Quarterly and annual reports are reconciled with local sites.
Step 13	Reports are distributed to local sites for easy submission of their annual federal PATH report online.

Note: From Washington State's PATH data entry and management process," by P. Brissing. Northwest Resource Associates. Adapted with permission of the author.

BENEFITS

Effectiveness of the system is dependent on it being perceived as beneficial to the state and the provider – as well as having at least an indirect benefit to consumers.

Benefits to the state:

- Data collection is increasingly perceived as integral to service provision;
- Data quality for the federal annual report is improved through reduced errors and improved consistency in interpretation of data elements;
- Annual reporting requires less oversight and management by the State PATH contact;
- Reports related to site performance, activity, demographics, and services can be generated easily; and
- Costs are contained to less than 6% of the statewide annual PATH budget.

Benefits to consumers:

- An individual's data can be "tracked" from the point of first contact, reducing the need to provide the same information multiple times;
- Continuity of care is improved;
- Confidentiality of consumer information is secure and protected through unique identifier and data encryption; and
- Providers have increased time to provide services as the time for documentation and reporting has been reduced.

Benefits to the local programs:

- The PDAs are useful and user-friendly;
- PDAs are durable and tolerate the outreach environment;
- PDAs can be used anywhere and without wireless access;
- Software is basic and easy to use;
- Data elements can be entered quickly through prompts, dropdown screens, and with a stylus;
- PDAs can store resource information, contacts, and appointments;
- The system is supportive of the worker;
- Training on the use of the PDA and the software system is provided;
- Training on integrating the use of technology in the outreach environment is provided;
- Time required for and stress related to documentation and reporting is reduced;
- The system assists in data and program management;
- Internal management and quality controls are improved through early detection of errors, self-monitoring of levels of outreach activity, and monthly review of data collection;
- Data are managed and evaluated by the contractor;
- Quarterly and annual reports are generated by the contractor; and
- Providers view data collection as useful to service delivery as opposed to simply a reporting activity.



The Washington PATH program reports that there are specific benefits from this system being locally owned and created:

- Changes and adjustments can be made in the data collection elements quickly, easily, at little cost, and in response to national, state, or local data needs;
- Northwest Resource Associates is the trainer for the system and can readily respond to technical assistance requests;
- Northwest Resource Associates worked directly with providers to create a system that was easy to understand and use - and was specific to the needs of the program; and
- Consistency in reporting and data reliability promotes group discussion about acceptable ranges of performance among providers.

CHALLENGES

Conversations with the state, contractor, and local providers indicated that there were relatively few challenges to implementing a PDA based reporting system. The system is at a point where those involved are pleased with the processes and the products. Some issues were identified by those interviewed, and ideas about how to improve the system were discussed.

Regardless of the technology available, the human element poses variations for the utility of any system. For example:

- Providers are not always comfortable using the PDA during contact with consumers. As a result, some data still get entered late; and
- Although providers receive training, the use of an electronic device while communicating with an individual can pose an interpersonal barrier between the worker and client experiencing mental illness.

System improvements that would benefit workers include the ability to:

- write full case notes and service plans that could be electronically converted for the case file; and
- easily access electronic agency records and historical information.

Conversations related to improvements in the system made it clear that the primary benefit of this system is the ease of collecting and reporting required service data elements. The development of additional tools or capabilities could make the system more sophisticated to use; however, this may result in decreased user comfort or could be cost prohibitive. Further enhancements in the PDA system warrant a carefully evaluated cost-benefit analysis. Nonetheless, the individuals contacted expressed an interest in exploring ways to increase the utility of the system and remain enthusiastic about the use of the PDAs as an outreach tool.

CONCLUSION

States and communities are increasingly looking for ways to integrate mobile data technology in outreach services. Many homeless programs have implemented or have explored options. Health Care for the Homeless programs in Boston, Indianapolis, and Houston have implemented mobile data technology in their work (Jonietz, 2003). The understanding of the need to integrate technology in outreach programs is also appearing in 10-year planning efforts (United Way of San Diego, 2006).

Real-time data collection assists projects in improved data reporting accuracy in the number of people served, services provided, and service outcomes. Improved data assist programs to demonstrate the value of the services that they provide, to meet reporting requirements, and to justify program changes and improvements (HCH Clinician's Network, 2002). There is evidence that mobile data technology can increase a worker's ability to focus time on building relationships with consumers due to the decreased time required to recreate documentation. Outreach workers can also access and create documentation in a variety of settings (Buck et al., 2005).

The combination of hardware, software, and support for a mobile data management system for outreach workers will depend greatly on technology, financial resources, data requirements, and user needs. Several questions should be considered:

- Is the software capable of collecting and managing the data and information needed?
- Is the hardware both portable and durable?
- Is the system easy to learn and implement without intensive training?
- Is support available for data transfer and electronic records management?
- Is the system affordable?
- Is the system flexible to meet changing reporting requirements and local differences in expectations?

There are both significant benefits and limitations in the technology currently available, along with a wide range of success and lessons learned from the field. As PATH programs continue their pursuit of effective technology applications, we hope that they will share their experiences through the interactive forums on the PATH website.

For more information on the State of Washington's mobile data collection technology system, contact:

Hank Balderrama
Washington State PATH Contact
360-902-0820

baldech@dshs.wa.gov

Peter Brissing
Data Management Designer and Manager
Northwest Resource Associates
206-441-6911
pbrissing@nwresource.org

REFERENCES

- Brissing, P. (n.d). *Washington State's PATH data entry and management process*. Seattle, WA: Northwest Resource Associates.
- Buck, D. S., Rochon, D., & Turley, J. (2005). Taking it to the streets: Recording medical outreach data on personal digital assistants. *Comput Inform Nurs*, 23(5), 250-255.
- Health Care for the Homeless Clinicians' Network. (2002, April). Electronic information systems in homeless health care. *Healing Hands*, 6(3). Available: <http://www.nhchc.org>
- Jonietz, E. (2003, June). Wireless outreach: Electronic medical records help track and treat the homeless. *Technology Review 2003*. Available: <http://www.technologyreview.com>
- United Way of San Diego. (2006). *Plan to end chronic homelessness in the San Diego region: Background information - Committee work plans*. San Diego, CA: Author.

WHAT IS PATH?

Projects for Assistance in Transition from Homelessness

The PATH Program—or Projects for Assistance in Transition from Homelessness—was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses—including those with co-occurring substance use disorders—who are experiencing homelessness or are at risk of becoming homeless.

PATH funds stimulate state & local contributions

PATH funds are worth more than their face value because they are matched with state and local resources. For every \$3 in federal funds, state or local agencies must put forward \$1 in cash or in-kind services. At a minimum, a \$52 million Federal allocation would result in a \$17 million match. In some states PATH funds and the state and local match are the only resources specifically for serving people experiencing homelessness and mental illnesses.



PATH providers deliver innovative services

PATH providers work with service delivery systems and embrace practices that work. These include:

- Partnering with housing first and permanent supportive housing programs
- Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery
- Employing consumers or providing consumer-run programs
- Partnering with health care providers, including Health Care for the Homeless to integrate mental health and medical services
- Assertively improving access to employment
- Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR)
- Using technology such as PDAs, electronic records, and HMIS

PATH providers are strong community partners

PATH providers and State Contacts are involved in local and regional planning efforts to end homelessness, including Continuum of Care, 10-Year Plans to End Homelessness, and other planning efforts. PATH providers and State Contacts work to ensure that services are coordinated and available to people experiencing homelessness.

For more information about PATH, please visit <http://pathprogram.samhsa.gov>



PATH

Projects for Assistance in
Transition from Homelessness

August 3, 2009